City of Tempe – Social Services Department, Kid Zone Enrichment Programs 3500 S Rural Road Tempe, Arizona 85282 (480) 350-5400



Application for Kid Zone Enrichment Programs

CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST An Equal Opportunity Reasonable Accommodation Employer Print Clearly and Neatly in Ink. Sign Application TITLE OF POSITION: Answer all questions completely. Incomplete applications will not be considered. 1. Name:____ Last First Middle In. 2. Address: Street Apt# City State Zip Code Phone – Home: Office: ____ 3. Message: Driver's License #: ____ State: ___ Class: ___ Expiration Date: ____ Is this license currently valid: Yes: ___ No: ___ 4. Yes _____ No ____ Are you at least 21 years old? Yes____ No 5. Are you at least 18 years old? Are you a United States citizen or a legally registered alien? Yes No 6. 7. Are you related to any member of the City Council or any City Board of commission member of any City employee? If YES, indicate WHO, RELATIONSHIP AND POSITION: "In accordance with Rule 3, Section 301, of the Tempe Personnel Rules and Regulations, no parent (in-law and step), child (in-law and step), or spouse Of a regular employee, City Councilman, Board or Commission member can be hired as a temporary employee within the same department, except as a Participant in a Cooperative Office Education, Workstudy, or University Internship program, or were City employees who retired in good standing." Have you ever worked for the City of Tempe? Yes ____ No ___ If YES, When: ____Month/Year 8. Have you ever been convicted of a felony? Yes _____ No ____ If YES, explain where, when and disposition. 9. Conviction will not automatically bar you from employment Dates Available: From To . Specify times when you are available to work: 10. Specify Times MON THEC WED типр EDI

Specify Till	les MON	TUES	WED	Inuk	ГKI
Mornings					
Afternoons					
Evening					

EDUCATION: Circle highest grade completed GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6

12.	HIGH SCHOOL	AND INSTITUTION OF H	HIGHER LEAR	NING
	Nama	Datas Attandad	Major	Dograa

Name <u>Dates Attended</u> <u>Major</u> <u>Degree or Diploma Obtained</u>

13.	CERTIFICATION OR REGISTRATION:	(CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc)
	Current type of certifications:	Expiration Date:

JOB EXPERIENCE: Include all related job, volunteer and Internship experience pertinent to the position you are applying for, in order of most recent experience. Fill in all spaces. Be accurate and complete. You may attach a Resume, but your qualifications may be evaluated only on information provided on this form. 14. Place of Employment or Volunteer Experience: Phone: Address: _____ City State Kind of Business: _____ Your Title: _____ Year (s) / Month (s) Hours per week ____ Starting Wage \$ _____ per ____ Present/Ending Wage \$ _____ per ____ Description of Work Performed: Reason for leaving or wanting to change:_____ May we contact this employer if you are considered for the position: Yes No 15. Place of Employment or Volunteer Experience: Phone: Address: ____ City State _____ Your Title: _____ Kind of Business: Supervisor Name/Title: _____ Employment Dates: From To Month/Year Total Time There Year (s) / Month (s) Hours per week ____ Starting Wage \$ _____ per ____ Present/Ending Wage \$ _____ per ____ Description of Work Performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the position: Yes _____ No ____ 16. Place of Employment or Volunteer Experience: Phone: Address: _____ City State Zip Code Kind of Business: _____ Your Title: _____ Supervisor Name/Title:

Employment Dates: From _____ To ___ Total Time There _____ Month/Year Month/Year Hours per week ____ Starting Wage \$ _____ per ____ Present/Ending Wage \$ _____ per ____ Description of Work Performed: Reason for leaving or wanting to change:____ May we contact this employer if you are considered for the position: Yes _____ No ____ Referral Source: ____Newspaper ad _____Friend/Family ____School Posting _____Church Posting 17. Other In order to verify your previous work experience and/or education, please list other names you have used. 18. 19.

I certify that all statements made in this application are true and I agree and understand that any deliberate Misstatements or omissions of material facts will cause forfeiture on my part of all eligibility to any Employment with the City of Tempe. I also understand that I must submit documents of employment Eligibility verification as required by the Federal Government prior to my being selected for employment. **Signature** Date

I 1	Have you ever been convicted of a misdemeanor or felony (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)? Note: Reckless operation, hit and run, driving under the influence, excessive speeding, and similar charges are not considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.				
_	Yes □ No □ If Yes, give details, including charges, dates, locations, etc. (attach a separate pate if necessary):				
-					
1	It is to your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from Employment with the City. However, failure to admit convictions will result in automatic disqualification from new or continued employment (tempered by the specific considerations listed in the "Truth in Application Policy" below).				
	TRUTH IN APPLICATION POLICY				
Values, a oriented	of Tempe places a prime value on integrity. This value applies to all phases of City business. In particular, the City and in fact requires, honesty in completing employment applications. This is important to creating a fair process towards selecting the best candidate. Therefore, the City will not tolerate lies, or omissions of material fact on nent applications.				
upon hire truth in a	of Tempe has a "zero tolerance" of untruthfulness in application materials. The City conducts a background check to verify the information contained in the application. However, at the same time that the City values integrity and applications, it recognizes that people make mistakes and may learn from them. Therefore, the City's "zero", as state in this policy, is tempered by the following considerations:				
	Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to he job, as well as its severity, the passage of time, and subsequent job performance will all be considered.				
2.	Applicants are not required to report convictions that have been expunged or sealed by a court of law.				
1	If misstatements or omissions of material fact are discovered after (7) years of the date of an application, they may be grounds for dismissal form City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.				
will c of my	ee and understand that any deliberate misstatement or omission of material fact on application documents ause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture job if I am currently employed or become employed by the City of Tempe. My signature on this application acknowledges my understanding and agreement with the above policy.				
Indiv me or	ify that all statements made on all application materials are true and complete. In addition, I authorize any idual, company, organization or institution to release any and all information concerning statements made by application, and I do hereby release all parties and individuals connected therewith from all liabilities by damages whatsoever incurred in furnishing such information.				
————Siş	gnature Date				

Please completely fill out the following information.

Professional References:

Applicant Signature

1. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
2. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
3. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
Personal References:
1. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
2. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered:
3. Name/ Title: Address/ City/ State/ Zip Code:
Phone Number:
Dates employed or volunteered
I hereby authorize the Kid Zone Enrichment Program and the City of Tempe to check my references with the individuals listed above.

Date